DOVE HEALTHCARE AT GLENDALE

1633 WEST BENDER ROAD

MILWAUKEE 53209 Phone: (414) 228-9440 Ownership: Limited Liability Company Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): 140 Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified? Total Licensed Bed Capacity (12/31/02): 158 Average Daily Census: 122 Number of Residents on 12/31/02: 130

\* Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 2.3 | Under 65 14.6 | More Than 4 Years No | Mental Illness (Org./Psy) 17.7 | 65 - 74 20.8 | Day Services No | Mental Illness (Other) 33.8 | 75 - 84 32.3 | Respite Care No | Mental Illness (Other) 33.8 | 75 - 84 No | Alcohol & Other Drug Abuse 0.0 | 85 - 94 Adult Day Care 27.7 | \* 4.6 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 2.3 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals No | Cancer 8.5 | 0.8 100.0 | (12/31/02) Home Delivered Meals No | Fractures 4.6 | 65 & Over 85.4 |-----Other Meals No | Cardiovascular 0.0 | ----- | RNs No | Cerebrovascular Transportation 29.2 | Sex % | LPNs No | Diabetes Referral Service 10.8 Yes| Respiratory 0.8 | ------ | Nursing Assistants, Other Services Provide Day Programming for | Other Medical Conditions 0.0 | Male 43.8 | Aides, & Orderlies 38.8 Mentally Ill ---- | Female 56.2 | -----Provide Day Programming for 100.0 I Developmentally Disabled No | 100.0 | \*

## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care							
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	3	3.1	151	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.3
Skilled Care	13	100.0	275	81	83.5	121	2	100.0	121	8	100.0	150	8	100.0	121	2	100.0	250	114	87.7
Intermediate				13	13.4	107	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	13	10.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		97	100.0		2	100.0		8	100.0		8	100.0		2	100.0		130	100.0

DOVE HEALTHCARE AT GLENDALE

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:	1	Activities of	용	As	sistance of	% Totally	Number of					
Private Home/No Home Health	3.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	1.5	Bathing	25.4		42.3	32.3	130					
Other Nursing Homes	13.1	Dressing	21.5		42.3	36.2	130					
Acute Care Hospitals	76.2	Transferring	21.5		41.5	36.9	130					
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.8		42.3	36.9	130					
Rehabilitation Hospitals	0.0	Eating	24.6		46.2	29.2	130					
Other Locations	5.4	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****					
Total Number of Admissions	130	Continence		%	Special Trea	tments	용					
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	4.6	Receiving	Respiratory Care	10.8					
Private Home/No Home Health	15.0	Occ/Freq. Incontinent	t of Bladder	59.2	Receiving	Tracheostomy Care	0.8					
Private Home/With Home Health	3.3	Occ/Freq. Incontinent	t of Bowel	59.2	Receiving	Suctioning	0.8					
Other Nursing Homes	2.5				Receiving	Ostomy Care	0.8					
Acute Care Hospitals	52.5	Mobility			Receiving	Tube Feeding	8.5					
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.0	Receiving	Mechanically Altered Diets	35.4					
Rehabilitation Hospitals	0.0											
Other Locations	5.0	Skin Care			Other Reside	nt Characteristics						
Deaths	21.7	With Pressure Sores		8.5	Have Advan	ce Directives	100.0					
Total Number of Discharges		With Rashes		1.5	Medications							
(Including Deaths)	120				Receiving	Psychoactive Drugs	76.9					

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		Ownership:			Size:	Licensure:				
	This	Prop	prietary	100	-199	Skilled		All		
	Facility	y Peer Group		Peer Group		Peer Group		Facilities		
	%	olo	Ratio	용	Ratio	oo	Ratio	용	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	77.2	81.9	0.94	88.6	0.87	84.2	0.92	85.1	0.91	
Current Residents from In-County	93.1	83.1	1.12	85.4	1.09	85.3	1.09	76.6	1.21	
Admissions from In-County, Still Residing	26.2	18.8	1.39	18.6	1.40	21.0	1.24	20.3	1.29	
Admissions/Average Daily Census	106.6	182.0	0.59	203.0	0.53	153.9	0.69	133.4	0.80	
Discharges/Average Daily Census	98.4	180.8	0.54	202.3	0.49	156.0	0.63	135.3	0.73	
Discharges To Private Residence/Average Daily Census	18.0	69.3	0.26	76.5	0.24	56.3	0.32	56.6	0.32	
Residents Receiving Skilled Care	90.0	93.0	0.97	93.5	0.96	91.6	0.98	86.3	1.04	
Residents Aged 65 and Older	85.4	87.1	0.98	93.3	0.92	91.5	0.93	87.7	0.97	
Title 19 (Medicaid) Funded Residents	74.6	66.2	1.13	57.0	1.31	60.8	1.23	67.5	1.11	
Private Pay Funded Residents	6.2	13.9	0.44	24.7	0.25	23.4	0.26	21.0	0.29	
Developmentally Disabled Residents	2.3	1.0	2.40	1.0	2.29	0.8	2.87	7.1	0.33	
Mentally Ill Residents	51.5	30.2	1.71	28.5	1.81	32.8	1.57	33.3	1.55	
General Medical Service Residents	0.0	23.4	0.00	28.9	0.00	23.3	0.00	20.5	0.00	
Impaired ADL (Mean)	56.0	51.7	1.08	50.9	1.10	51.0	1.10	49.3	1.14	
Psychological Problems	76.9	52.9	1.45	52.9	1.45	53.9	1.43	54.0	1.42	
Nursing Care Required (Mean)	8.4	7.2	1.16	6.8	1.23	7.2	1.16	7.2	1.16	